

Appendix B
ARA Site Map and PBF Site Map

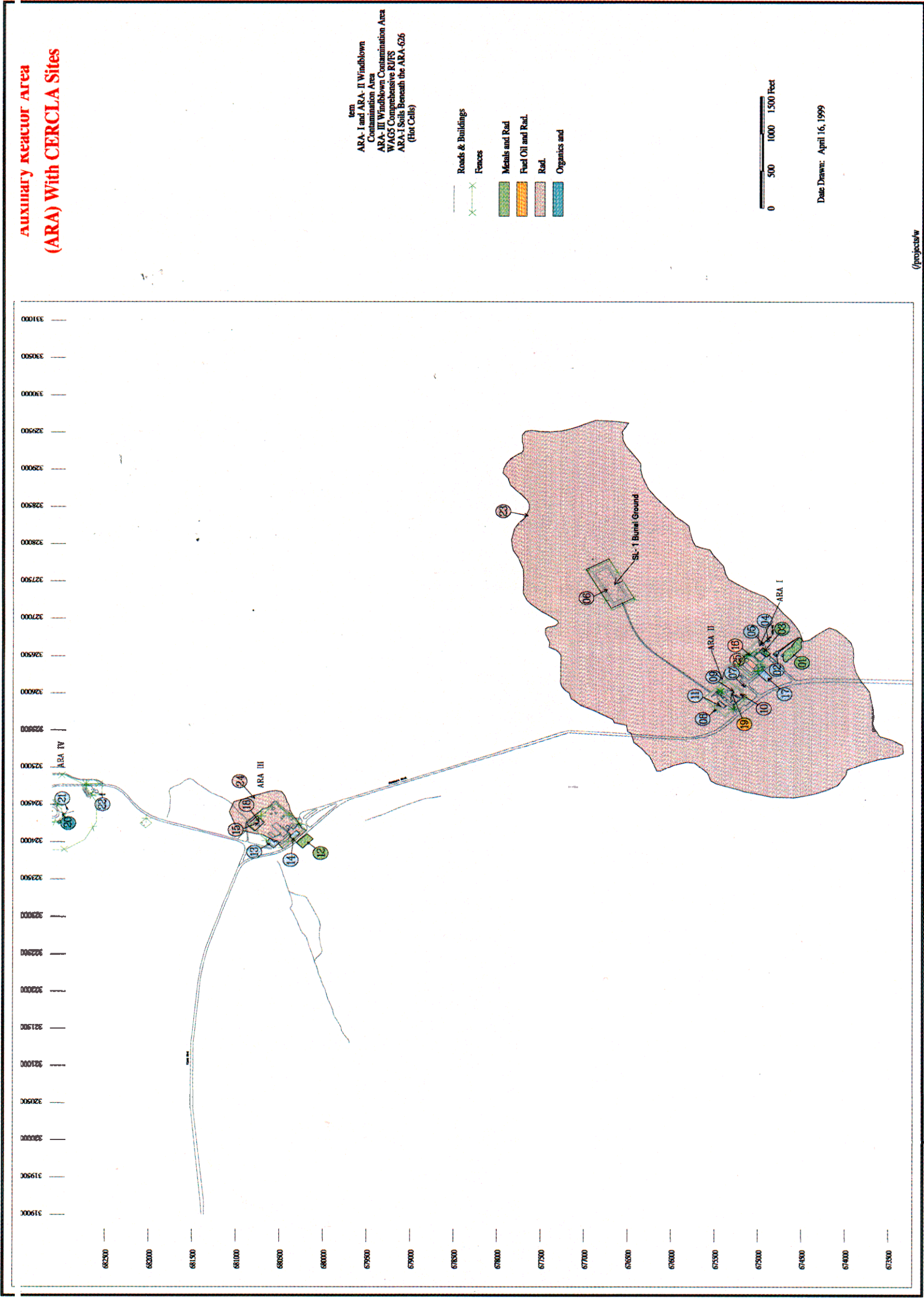


Figure B-1. Map of the Auxiliary Reactor Area for te Area Group 5.

(/projects/wag5_comprehensive_n_sf: pbf_cercla_sites-bl_v1.aml)

Appendix C

Field Inspection Checklists

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

Richard P. Wells	Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization

1. WASTE SITE ID: ARA-01
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-I Chemical Evaporation Pond
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls would not be required after remediation if all contaminated soil is removed to basalt or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Restricted awaiting remediation.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Remedial design has been completed. Awaiting remedial action to commence in 2003.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___None_____ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN___ CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?
___Yes___ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?
____N/A_____

17. ARE FENCES INTACT (if applicable)?
____N/A_____ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? ___N/A___
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A___
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___Yes___
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___Yes___
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___Yes___
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___Yes___ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No Deficiencies noted___

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

Richard P. Wells	Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization

1. WASTE SITE ID: ARA-02
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-I Sanitary Waste System
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls would not be required after remediation if all contaminated sludge is removed to basalt or if contaminant concentrations are comparable to local background values for soil. Otherwise, institutional controls will be maintained until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: No restrictions
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Remedial design and remedial action has been completed. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

___Yes_____ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

____N/A_____

17. ARE FENCES INTACT (if applicable)?

____N/A_____ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE
 GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if
 applicable)? ___N/A___
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
 RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
 OPERATE UNDER.
 ___N/A___
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
 ONLY IC RESTRICTION AREA? ___Yes___
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
 APPROVED WORK PERMIT? ___Yes___
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
 RADIOLOGICALLY CONTROLLED AREAS? ___Yes___
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
 PLACE? ___Yes___ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
 APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
 HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No Deficiencies
 noted___

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
 UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

<u></u>	<u></u>	<u></u>
Name	Title	Organization

1. WASTE SITE ID: ARA-03
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-I Lead Sheeting Pad near ARA-627
4. ROD LAND USE: Restrict the site to industrial land use until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Industrial land use pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities X

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : No specific remedial actions planned for this site. The remedial design for the ARA-23 surface contaminated soils has been completed with the remedial action scheduled for 2003. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN___ CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?
___Yes_____ EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ___Radiological fencing in place. No locks required._____

17. ARE FENCES INTACT (if applicable)? ___Yes_____ EXPLAIN___ Radiological fencing in place

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
___N/A_____ EXPLAIN _____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___ Yes _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___ Yes _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___ Yes _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___ Yes _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No Deficiencies noted _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
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1. WASTE SITE ID: ARA-06
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-II Stationary Low-Power Reactor No. 1 Burial Ground
4. ROD LAND USE: Maintain land-use controls to inhibit intrusion into the buried waste. Surface contamination will be addressed by the remediation of ARA-23. Institutional controls will be maintained until discontinued based on the results of a 5-year review. Recommendations for appropriate land-use restrictions will accompany any land transfer.
5. CURRENT LAND USE: Land use restrictions will accompany land transfer.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities X

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions X

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____X_____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : The remedial design and remedial action of the OU 5-05 site has been completed. The remedial design for the ARA-23 surface contaminated soils has been completed with the remedial action scheduled for 2003. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN_____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN___ CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?
___Yes___ EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?
___Yes_____

17. ARE FENCES INTACT (if applicable)? _____Yes_____ EXPLAIN___ Fencing surrounding the SL-1 burial ground is in place

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 __Yes__ EXPLAIN __Monuments are intact and legible.__
19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE
 GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if
 applicable)? __N/A__
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC
 RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY
 OPERATE UNDER.
 __N/A__
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS
 ONLY IC RESTRICTION AREA? __Yes__
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN
 APPROVED WORK PERMIT? __Yes__
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN
 RADIOLOGICALLY CONTROLLED AREAS? __Yes__
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN
 PLACE? __Yes__ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF
 APPLICABLE)? __N/A__

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES
 HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: __No Deficiencies
 noted__

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
 UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
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1. WASTE SITE ID: ARA-07
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-II Seepage Pit to the East
4. ROD LAND USE: Unrelated surface contamination will be addressed by the remediation of ARA-23. The septic tank will be removed or filled with earthen materials and abandoned in place in accordance with State of Idaho standards (IDAPA 58.01.03.007.23).
5. CURRENT LAND USE: Industrial land use pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

- Warning Signs _____X_____
- Fencing _____
- Control of Activities _____
- Unauthorized access _____X_____
- Comprehensive Land Use Plan _____
- Property lease or transfer restrictions _____
- IDWR prohibition on wells _____
- Notice to affected stakeholders (if applicable) _____
8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?
 ____YES____
9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES __X__ NO _____
 Provide Map Number(s) _____
10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]
11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Closure of this site has been completed. Institutional controls will remain in effect until 5-year review.
12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? __No____ EXPLAIN _____.
13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? __Yes__ EXPLAIN__ CERCLA sign present _____
14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? __Yes__ EXPLAIN One avenue of approach with sign posted.
15. ARE REQUIRED SIGNS INTACT AND READABLE?
 __Yes____ EXPLAIN _____
16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?
 ____N/A_____
17. ARE FENCES INTACT (if applicable)? ____N/A____ EXPLAIN _____
18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 __N/A____ EXPLAIN _____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___ Yes _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___ Yes _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___ Yes _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___ Yes _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805
Phase I RA Report for WAG 5	DOE/ID-10954

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No Deficiencies noted _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: ARA-08
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-II Seepage Pit to the West
4. ROD LAND USE: Unrelated surface contamination will be addressed by the remediation of ARA-23. The septic tank will be removed or filled with earthen materials and abandoned in place in accordance with State of Idaho standards (IDAPA 58.01.03.007.23).
5. CURRENT LAND USE: Industrial land use pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES __X__ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Closure of this site has been completed. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? __No____EXPLAIN_____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? __Yes__EXPLAIN__CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? __Yes__EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?
__Yes____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?
____N/A_____

17. ARE FENCES INTACT (if applicable)? ____N/A____EXPLAIN_____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
____N/A____EXPLAIN_____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___ Yes _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___ Yes _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___ Yes _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___ Yes _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805
Phase I RA Report for WAG 5	DOE/ID-10954

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No Deficiencies noted _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Remedial design has been completed. Awaiting remedial action to commence in 2003.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN___ CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

___Yes___ EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ___Yes – radiological fencing intact, no locked gates required._____

17. ARE FENCES INTACT (if applicable)? ___X___ EXPLAIN___ Radiological fencing is intact.

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?

___N/A_____ EXPLAIN _____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___ Yes _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___ Yes _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___ Yes _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___ Yes _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No Deficiencies noted _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

<u></u>	<u></u>	<u></u>
Name	Title	Organization

1. WASTE SITE ID: ARA-16
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-I Radionuclide Tank
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls would not be required after remediation if all contaminated sludge is removed to basalt or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: No restrictions
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Remedial design and remedial action has been completed. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

___Yes___ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

____N/A_____

17. ARE FENCES INTACT (if applicable)?

____N/A_____ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? ___N/A___
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A___
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___Yes___
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___Yes___
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___Yes___
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___Yes___ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No Deficiencies noted___

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
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1. WASTE SITE ID: ARA-23
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-II Radiologically Contaminated Surface Soils Around ARA-I and ARA-II
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls will not be required after remediation if all contaminated soil is removed to basalt or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Restricted awaiting remediation.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities X

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES __X__ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Remedial design has been completed. Awaiting remedial action to commence in 2003.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? __No____EXPLAIN_____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? __Yes__EXPLAIN__CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? __Yes__ EXPLAIN All avenues of approach have signs posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

__Yes____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ____Yes – radiological fencing intact, no locked gates required._____

17. ARE FENCES INTACT (if applicable)? ____X____EXPLAIN__Radiological fencing is intact.

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? ___YES_____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A_____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___Yes_____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___Yes_____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___Yes_____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___Yes_____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A_____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No Deficiencies noted _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO
UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
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1. WASTE SITE ID: ARA-24
2. GROUP NUMBER (if applicable): 2
3. SITE DESCRIPTION: ARA-III Windblown Soil
4. ROD LAND USE: Land use will be restricted to prohibit potential exposure to radiologically contaminated material. Institutional controls will be maintained until discontinued based on the results of a 5-year review. Recommendations for appropriate land-use restrictions will accompany any land transfer.
5. CURRENT LAND USE: Land use restrictions will accompany land transfer.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions X

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____X_____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN Sign prominently posted in center of site.

15. ARE REQUIRED SIGNS INTACT AND READABLE?

___Yes___ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?

___N/A_____

17. ARE FENCES INTACT (if applicable)? ___N/A___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?

___YES_____ EXPLAIN ___New monument installed FY 2002_____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___ Yes _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___ N/A _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___ N/A _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___ Yes _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No Deficiencies noted _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 18, 2002

INSPECTOR:

Richard P. Wells	Advisory Scientist	31B0
Name	Title	Organization

INSPECTOR:

Name	Title	Organization

1. WASTE SITE ID: ARA-25
2. GROUP NUMBER (if applicable): 1
3. SITE DESCRIPTION: ARA-I Soils Beneath the ARA-626 Hot Cells
4. ROD LAND USE: Restrict the site to industrial land use until remediation is implemented as prescribed in the ROD, then reevaluate requirements. Land-use controls will not be required after remediation if all contaminated sludge was removed to basalt or if contaminant concentrations are comparable to local background values. Otherwise, institutional controls will be maintained until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Land use restrictions will accompany land transfer.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____

Control of Activities _____X_____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____X_____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : Remedial design and remedial action has been completed. Institutional controls will remain in effect until 5-year review. A monument has been fabricated and will be installed following the remediation of the ARA-23 soils.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN___ CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted.

15. ARE REQUIRED SIGNS INTACT AND READABLE?
___Yes___ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED?
____N/A_____

17. ARE FENCES INTACT (if applicable)?
____N/A_____ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
 ___N/A___ EXPLAIN _____
19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? ___N/A___
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
 ___N/A___
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___Yes___
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___Yes___
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___Yes___
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___Yes___ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___N/A___

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: ___No Deficiencies noted___

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 11, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

<u></u>	<u></u>	<u></u>
Name	Title	Organization

1. WASTE SITE ID: PBF-10
2. GROUP NUMBER (if applicable): 3
3. SITE DESCRIPTION: PBF Reactor Area Evaporation Pond (PBF-733)
4. ROD LAND USE: Restrict the site to industrial land use until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Industrial land use pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted

15. ARE REQUIRED SIGNS INTACT AND READABLE? ___Yes___ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ___Yes – PBF facility fence with gated access _____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? ___YES_____ EXPLAIN ___New monument installed FY 2002 _____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? N/A
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.

 N/A
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? Yes
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Yes LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: No Deficiencies noted

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 11, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

<u></u>	<u></u>	<u></u>
Name	Title	Organization

1. WASTE SITE ID: PBF-12
2. GROUP NUMBER (if applicable): 3
3. SITE DESCRIPTION: PBF SPERT-I Leach Pond
4. ROD LAND USE: Restrict the site to industrial land use until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Industrial land use pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted

15. ARE REQUIRED SIGNS INTACT AND READABLE? ___Yes___ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ___Yes___ – PBF facility fence with gated access _____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? ___YES___ EXPLAIN _____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? N/A
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.

 N/A
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? Yes
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Yes LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: No Deficiencies noted

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 11, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
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1. WASTE SITE ID: PBF-13
2. GROUP NUMBER (if applicable): 3
3. SITE DESCRIPTION: PBF Reactor Area Rubble Pit
4. ROD LAND USE: Control land use to prohibit potential exposure to friable asbestos. Augment the existing institutional controls with signs and maintenance of the existing cover. Period inspections also will be defined in the WAG 5 institutional control plan. Institutional controls will be maintained until discontinued based on the results of a 5-year review. Recommendations for appropriate land-use restrictions will accompany any land transfer.
5. CURRENT LAND USE: Land use restrictions will accompany land transfer.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted

15. ARE REQUIRED SIGNS INTACT AND READABLE? ___Yes___ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ___Yes – PBF facility fence with gated access _____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)? ___YES_____ EXPLAIN ___New monument installed FY 2002 _____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? N/A
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.

 N/A
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? Yes
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Yes LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: No Deficiencies noted

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 11, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
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1. WASTE SITE ID: PBF-21
2. GROUP NUMBER (if applicable): 5
3. SITE DESCRIPTION: PBF SPERT-III Large Leach Pond
4. ROD LAND USE: Restrict the site to industrial land use until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Industrial land use pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?

____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES ___X___ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? ___No_____ EXPLAIN _____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? ___Yes___ EXPLAIN ___ CERCLA sign present _____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? ___Yes___ EXPLAIN One avenue of approach with sign posted

15. ARE REQUIRED SIGNS INTACT AND READABLE?
___Yes___ EXPLAIN _____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ___Yes – PBF facility fence with gated access _____

17. ARE FENCES INTACT (if applicable)? ___Yes___ EXPLAIN _____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
___YES___ EXPLAIN _____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? N/A
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.

 N/A
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? Yes
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Yes LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: No Deficiencies noted

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 11, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
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1. WASTE SITE ID: PBF-22
2. GROUP NUMBER (if applicable): 6
3. SITE DESCRIPTION: PBF SPERT-IV Leach Pond (PBF-758)
4. ROD LAND USE: Restrict the site to industrial land use until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Industrial land use pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?
____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES __X__ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? __No____EXPLAIN_____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? __Yes__EXPLAIN__CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? __Yes__EXPLAIN One avenue of approach with sign posted

15. ARE REQUIRED SIGNS INTACT AND READABLE?
__Yes____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ____Yes – PBF facility fence with gated access_____

17. ARE FENCES INTACT (if applicable)? __Yes____EXPLAIN_____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
__N/A____EXPLAIN_____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? _____ N/A _____
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.
_____ N/A _____
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? ___ Yes _____
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? ___ N/A _____
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? ___ N/A _____
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? ___ Yes _____ LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? ___ N/A _____

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: _____ No Deficiencies noted _____

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

WAG 5, OU 5-12 INSTITUTIONAL CONTROL FIELD INSPECTION CHECKLIST

DATE/TIME: July 11, 2002

INSPECTOR:

<u>Richard P. Wells</u>	<u>Advisory Scientist</u>	<u>31B0</u>
Name	Title	Organization

INSPECTOR:

Name	Title	Organization
-------------	--------------	---------------------

1. WASTE SITE ID: PBF-26
2. GROUP NUMBER (if applicable): 6
3. SITE DESCRIPTION: PBF SPERT-IV Lake
4. ROD LAND USE: Restrict the site to industrial land use until discontinued based on the results of a 5-year review.
5. CURRENT LAND USE: Industrial land use pending 5-year review.
6. CHECK THE INSTITUTIONAL CONTROLS REQUIRED FOR THE SITE:

Visible Access Restrictions:

Warning Signs X

Fencing X

Control of Activities

Unauthorized access X

Comprehensive Land Use Plan X

Property lease or transfer restrictions

IDWR prohibition on wells

Notice to affected stakeholders (if applicable)

7. CHECK THE INSTITUTIONAL CONTROLS OBSERVED FOR THE SITE:

Visible Access Restrictions:

Warning Signs _____X_____

Fencing _____X_____

Control of Activities _____

Unauthorized access _____X_____

Comprehensive Land Use Plan _____X_____

Property lease or transfer restrictions _____

IDWR prohibition on wells _____

Notice to affected stakeholders (if applicable) _____

8. ARE THE INSTITUTIONAL CONTROLS OPERATIONAL AND FUNCTIONAL?
____YES_____

9. ARE SURVEYED MAPS OF THE SITE AVAILABLE? YES __X__ NO _____

Provide Map Number(s) _____

10. TAKE PHOTOGRAPHS OF EACH SITE, IDENTIFY THE DATE, TIME, LOCATION AND COMPASS ORIENTATION OF EACH PHOTOGRAPH IN A PHOTOGRAPHIC LOG. [SEE ATTACHED PHOTO NUMBER LOG]

11. PROVIDE THE CURRENT STATUS OF ANY REMEDIAL ACTIONS AT THE SITE, e.g., REMEDIAL DESIGN, CONSTRUCTION, O&M, ETC : No specific remedial actions planned for this site. Institutional controls will remain in effect until 5-year review.

12. IS THERE ANY EVIDENCE OF HUMAN INTRUSION (i.e. excavation marks, changes in features of original cover)? __No____EXPLAIN_____.

13. DO WARNING SIGNS CLEARLY IDENTIFY WHAT THE RISK-BASED CONCERNS ARE? __Yes__EXPLAIN__CERCLA sign present_____

14. ARE WARNING SIGNS VISIBLE FROM ALL AVENUES OF APPROACH TO THE IC CONTROLLED AREA? __Yes__EXPLAIN One avenue of approach with sign posted

15. ARE REQUIRED SIGNS INTACT AND READABLE?
__Yes____EXPLAIN_____

16. ARE IC FENCED AREAS COMPLETELY FENCED AND GATE(S) LOCKED? ____Yes – PBF facility fence with gated access_____

17. ARE FENCES INTACT (if applicable)? __Yes____EXPLAIN_____

18. ARE REQUIRED BOUNDARY MONUMENTS INTACT AND READABLE (if applicable)?
__N/A____EXPLAIN_____

19. ARE MONITORING WELLS [IDENTIFIED IN THE MAP PROVIDED IN THE GROUNDWATER MONITORING REPORT (DOE-ID 2000b)] LOCKED (if applicable)? N/A
20. ARE ANY NON-CERCLA WELLS (DOE-ID 2000b) OPERATING IN THE GROUNDWATER IC RESTRICTION AREA? IF YES, DESCRIBE THE WELLS AND WHAT PROGRAM(S) THEY OPERATE UNDER.

 N/A
21. ARE SITE VISITORS CONTROLLED THROUGH BADGING FOR AUTHORIZED ACCESS ONLY IC RESTRICTION AREA? Yes
22. ARE WORKERS IN RADIOLOGICALLY CONTROLLED IC AREAS OPERATING UNDER AN APPROVED WORK PERMIT? N/A
23. ARE ONLY DOE-RAD WORKER TRAINED INDIVIDUALS OPERATING IN RADIOLOGICALLY CONTROLLED AREAS? N/A
24. ARE DOE-ID DIRECTIVES AND PROCEDURES IMPLEMENTING IC RESTRICTIONS IN PLACE? Yes LIST THE APPLICABLE DOE-ID DIRECTIVES AND PROCEDURES:

TYPE (DOE-ID Directive, Management Control Procedure, Plan, Etc.)	NUMBER/TITLE
O&M Plan for OU 5-12	DOE/ID-10805

25. HAVE REQUIRED NOTICES BEEN SENT TO AFFECTED STAKEHOLDERS (IF APPLICABLE)? N/A

DEFICIENCIES:

26. PROVIDE A DESCRIPTION OF ANY DEFICIENCIES AND WHAT EFFORTS OR MEASURES HAVE BEEN OR WILL BE TAKEN TO CORRECT PROBLEMS: No Deficiencies noted

IMPROVEMENTS:

27. DESCRIBE ANY ADDITIONAL IC REQUIREMENTS THAT MAY BE NECESSARY DUE TO UNIQUE CIRCUMSTANCES OBSERVED DURING THE VISUAL INSPECTION: None

I certify that the above inspection report is true and accurate to the best of my ability.

(Signature on File)

Inspector signature

Date

Inspector signature

Date

SITE INSPECTION PHOTO NUMBER LOG

WASTE SITE ID: See Below GROUP NUMBER: refer to checklists

DATE: July 11 and 18, 2002 TIME OF DAY(if applicable): N/A

WEATHER CONDITIONS: Sunny and warm

ROLL NUMBER: N/A – Digital camera FILM TYPE: N/A

NUMBER OF EXPOSURES:

PHOTO NUMBER	LOCATION AND DIRECTION	DESCRIPTION
PD020333-10.jpg	ARA-01 — SSE	ARA-I Chemical Evaporation Pond
PD020333-11.jpg	ARA-02 — SSE	ARA-I Sanitary Waste System
PD020333-13.jpg	ARA-03 — NE	ARA-I Lead Sheeting Pad near ARA-627
PD020333-19.jpg	ARA-06 — E	SL-1 Burial Ground
PD020333-16.jpg	ARA-07 — NW	ARA-II Seepage Pit to the east
PD020333-08.jpg	ARA-08 — E	ARA-II Seepage Pit to the west
PD020333-05.jpg	ARA-12 — SW	ARA-III Radioactive Waste Leach Pond
PD020333-14.jpg	ARA-16 — NE	ARA-I Radionuclide Tank
PD020333-09.jpg	ARA-23 — E	ARA-II Radiologically Contaminated Surface Soils
PD020333-07.jpg	ARA-24 — NE	ARA-III Windblown Soil
PD020333-15.jpg	ARA-15 — NE	ARA-I Soil beneath the ARA-626 Hot Cells
PD020318-12.jpg	PBF-10 — NE	PBF Reactor Area Evaporation Pond (PBF-733)
PD020318-10.jpg	PBF-12 — SW	PBF SPERT-I Leach Pond
PD020318-16.jpg	PBF-13 — NE	PBF Reactor Area Rubble Pit
PD020318-37.jpg	PBF-21 — E	PBF SPERT-III Large Leach Pond
PD020318-42.jpg	PBF-22 — ESE	PBF SPERT-IV Leach Pond (PBF-758)
PD020318-45.jpg	PBF-26 — SSE	PBF SPERT-IV Lake